

Name
in
Full

CERTIFICATE OF DEATH

Albert J. Brillingham

Town

County

MARYLAND

Died at

Irishside

Worcester

Date

of death

1900

March

Day

12

Age

Years

67

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Elizabeth Brillingham

Father's
Name

Peter E. Brillingham

Father's
Birthplace

Maryland

Mother's
Maiden Name

Mary A. Taylor

Mother's
Birthplace

Maryland

Name of person giving
Information

Elizabeth Brillingham

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Insipiens of Arterio Sclerosis

How long

How long

1 year

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Wm. B. Synder
Baltimore
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

C. L. E.



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Annie Brighthouse

Diad at *Bristow* Town *Warrenton* County

DATE of death 19*00* Month *Oct* Day *21* Age *27* Months Days

Sex *Female* Color or Race *white* Birth-place *Warrenton*

Occupation *Home Keeper* Where Residing if not at place of death *Bristow Md*

Married, Single or Widowed *Single* Name of Wife or Husband *Edward Brighthouse*

Father's Name *Charles Brighthouse* Father's Birthplace *Whaleyville Md*

Mother's Maiden Name *Annie Brighthouse* Mother's Birthplace *Bristow*

Name of person giving Information *Edd Brighthouse* How related to deceased *brother*

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary *Eclampsia* How long *7 days*

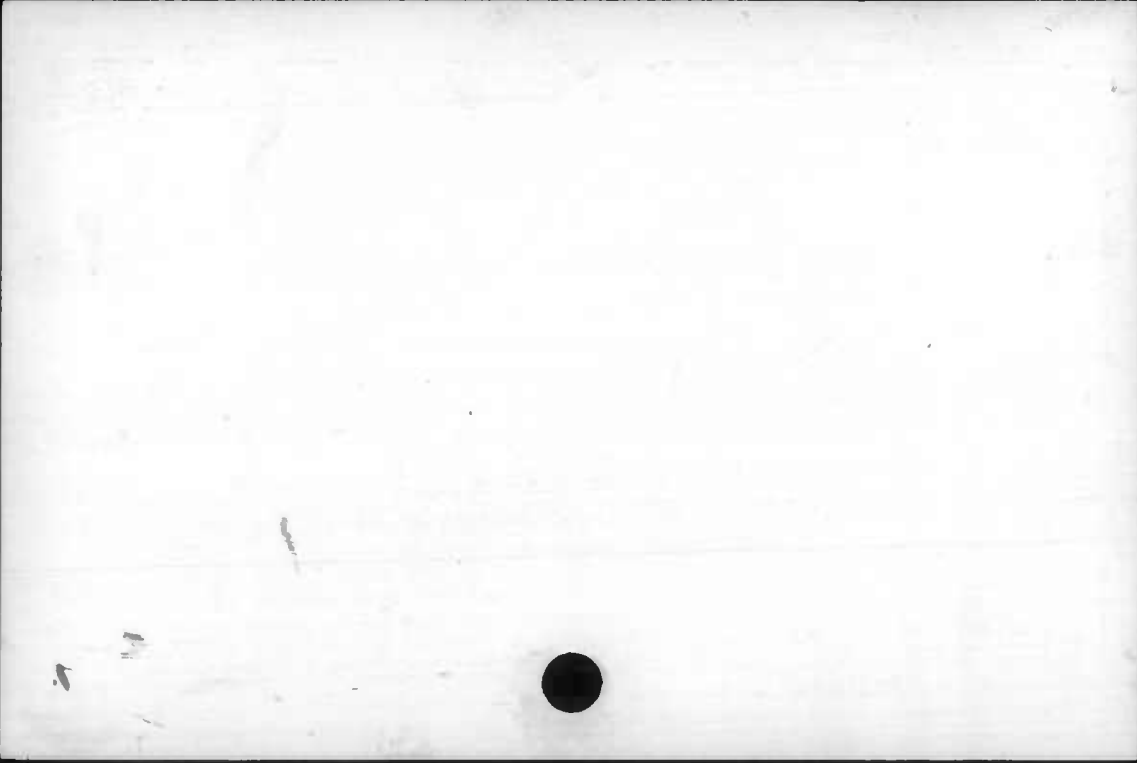
Immediate *Coma* How long *Half minute*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *R. Collins*

Address *Bristow Md*

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

Not Married
Town

Brightingham
County

MARYLAND

Died at *Bethesda*

Worcester

Date
of death 1900

Month

Mar

Day

14

Years

Age *infant*

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

At Home

Married, Single
or Widowed

single

Name of Wife or
Husband

None

Father's
Name

Edward Brillingham

Father's
Birthplace

Maryland

Mother's
Maidan Name

Annie Brillingham

Mother's
Birthplace

Maryland

Nama of parson giving
Information

Lennie Rayne

How related
to deceased

None

CAUSES OF DEATH

151

Primary

How long

10 minutes

Immediate

*From effect of mother
Edamptic frum*

Are the name, aga, sax, color, data
and place correctly given above?

Yes

Signature of
Physician

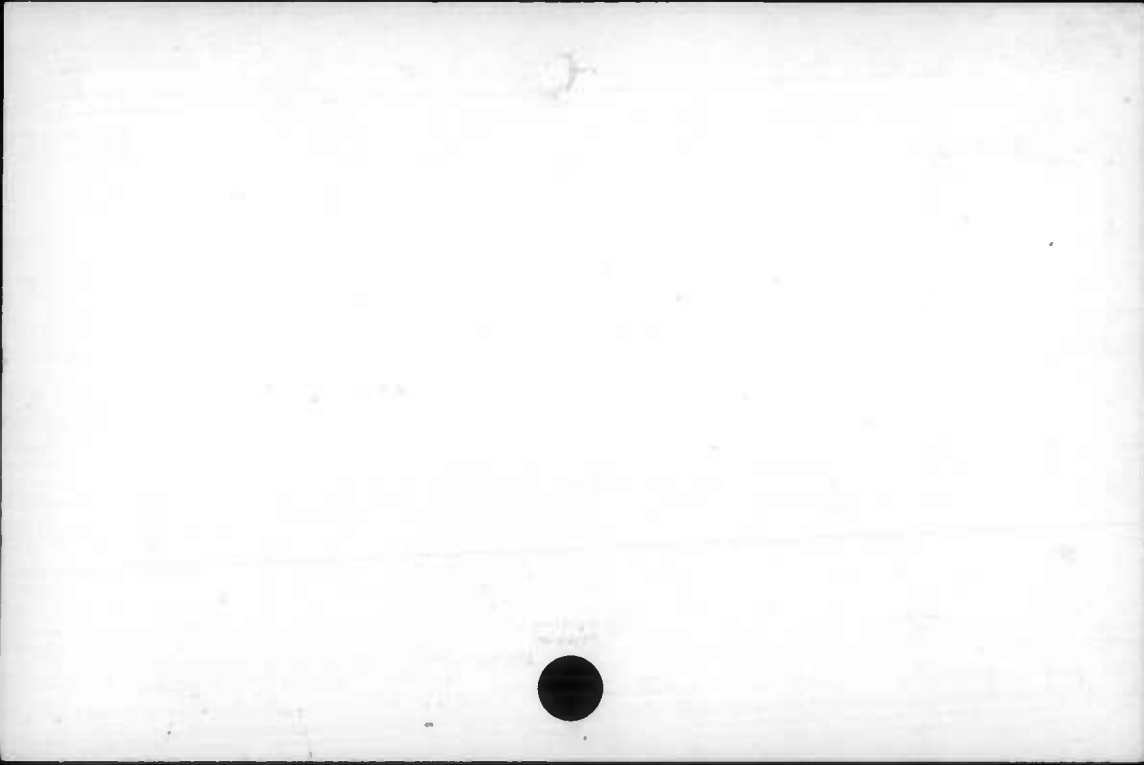
Address

*R. P. Lethbridge
Brighton Md*

Accident or Suicida

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

236
CERTIFICATE OF DEATH

Samuel W H Coarsley

Town

County

MARYLAND

Died at Pocomoke

Worcester

Date

Month

Day

Years

Months

Days

of death 1906

March

26

Age

78

Sex

Male

Color or
Race

White

Birth-
place

Sumner County

Occupation

Farmers

Where Residing if not
at place of death

Pocomoke city

Married, Single
or Widowed

Widower
Single

Name of Wife or
Husband

Don't know

Father's
Name

John Coarsley

Father's
Birthplace

Sumner County

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Name of person giving
Information

William Coarsley

How related
to deceased

Son

CAUSES OF DEATH

Primary

Central softening

How long

Some months

Immediate

Embolic

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Samuel S. Coarsley
Pocomoke City,
Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Daisy Collins

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Harage Town

Harvester

Date

Month

Day

Years

Months

Days

of death

1900

March

28

Age

2

1

13

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

None

Where Residing if not
at place of death

At Mother

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Linnell J Collins

Father's
Birthplace

Maryland

Mother's
Maiden Name

Annie Larickson

Mother's
Birthplace

Delaware

Name of person giving
Information

Lannie Bayne

How related
to deceased

Aunt

CAUSES OF DEATH

38

✓

Primary

How long

Immediate

Tubercle Meningitis

How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

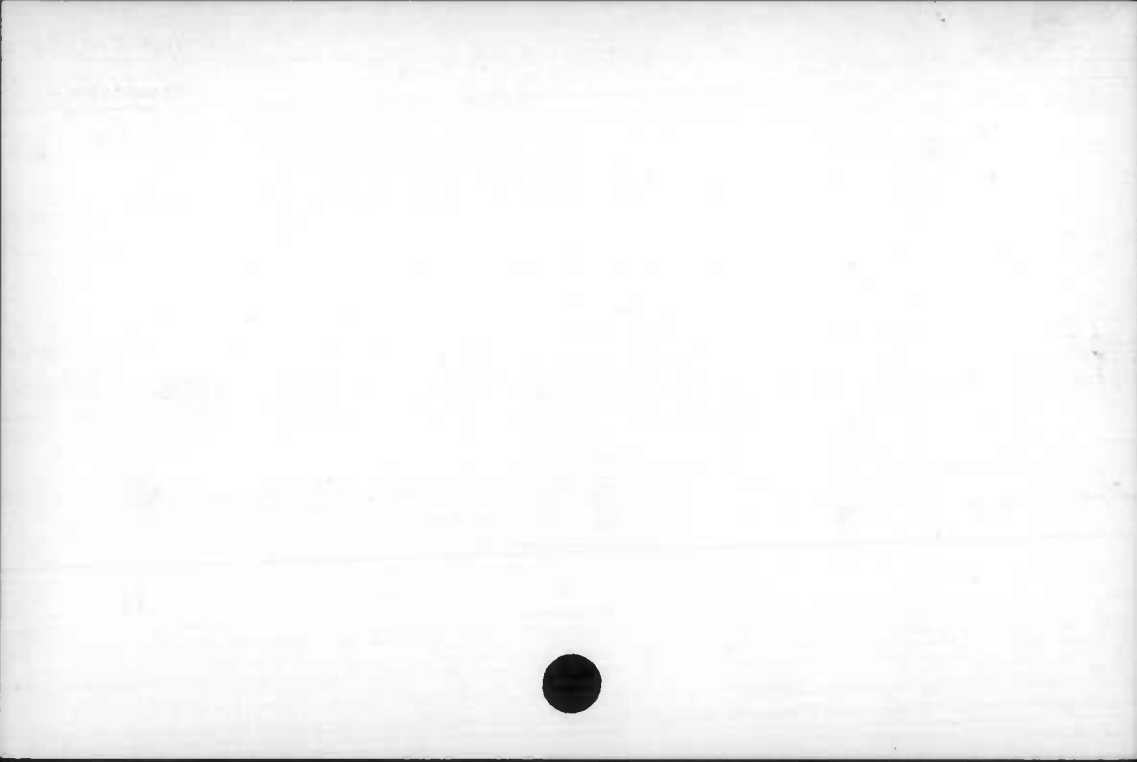
Address

R. P. Collins
Bristowville Md

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

I



Name
in
Full

William J. Davis.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Trap near Berlin		Trap near Berlin		Trap near Berlin		Trap near Berlin	
Date of death		Month	Day	Years	Months	Days	
1980		Mar.	16	Age 70	4	27	
Sex	Male	Color or Race	White	Birthplace	Near Berlin		
Occupation	Merchant			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	Clara F. Davis			
Father's Name	Jas L. Davis			Father's Birthplace	Near Berlin		
Mother's Maiden Name	Eliza Davis			Mother's Birthplace			
Name of person giving Information	William B. Davis			How related to deceased	Son		

CAUSES OF DEATH

Primary	Cummins of Stomach	How long	40
Immediate		How long	2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Abraham Zudac

Address

Berlin Md

Accident or Suicide

PHYSICIAN
OR CORONER

I



Name
in
Full

234
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *New Pocomoke* Town *Dennis* County *Worcester* MARYLAND

Date of death *19th* March *19* Age *—* Years *—* Months *—* Days *—*

Sex *male* Color or Race *Dark* Birth-place *Maryland*

Occupation *—* Where Residing if not at place of death *near Pocomoke cy*

Married, Single or Widowed *—* Name of Wife or Husband *—*

Father's Name *Samuel H Dennis* Father's Birthplace *Virginia*

Mother's Maiden Name *Margaret Brathup* Mother's Birthplace *Maryland*

Name of person giving Information *Samuel H Dennis* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Still Born* How long *8* ✓

Immediate *Still Born* How long *—*

Are the name, age, sex, color, date and place correctly given above? *No Physician*

Signature of Physician *John H. H. H. H.* Address *Register of the Peace*

Accident or Suicide *—* *Local Registrar*



Name
in
Full

Saltis - Evans

CERTIFICATE OF DEATH

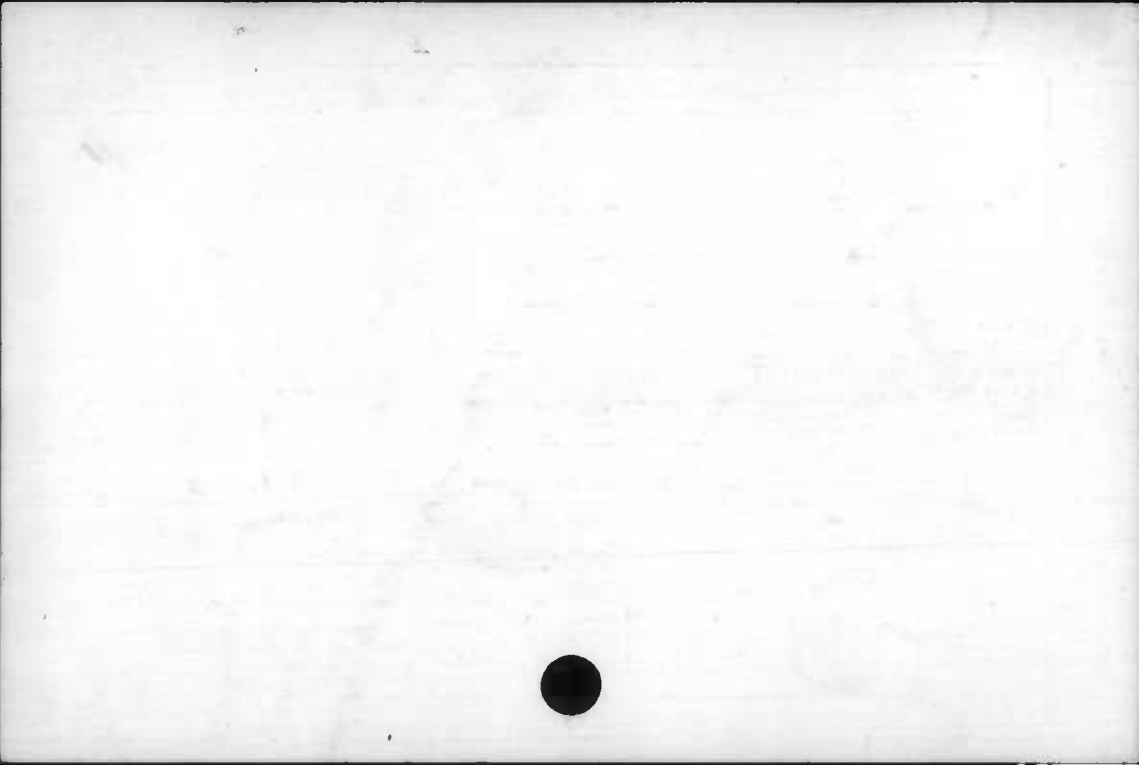
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Girdletree</i> ^{Town}		<i>Essex</i> ^{County}		MARYLAND	
Date of death	19 <i>00</i> ^{Month} <i>Mar</i> ^{Day} <i>3</i>	Age	<i>61</i> ^{Years}	<i>1</i> ^{Months}	<i>1</i> ^{Days}
Sex	<i>female</i>	Color or Race		Birth-place	<i>Ind</i>
Occupation	<i>House</i>	Where Residing if not at place of death <i>—</i>			
Married, Single, Widowed	Name of Wife or Husband <i>Geo. R. Evans</i>				
Father's Name	<i>Benjamin Tobey</i>	Father's Birthplace	<i>Ind</i>		
Mother's Maiden Name	<i>Margaret Tobey</i>	Mother's Birthplace	<i>Ind</i>		
Name of person giving Information	<i>Geo. R. Evans</i>		How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>8 days</i>
Immediate	<i>Heart failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. Mason M.D.</i>
		Address	<i>Girdletree Md.</i>
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>			
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>			
Accident or Suicide			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Stockton County Fisher Worcester MARYLAND

Died at Stockton Worcester

Date of death 1900 Month 3 Day 26 Age 9 Years Months Days

Sex Female Color or Race Black Birthplace md

Occupation Wom Where Residing if not at place of death md

Married, Single or Widowed Name of Wife or Husband None

Father's Name Edward Fisher Father's Birthplace md

Mother's Maiden Name Laura Bratten Mother's Birthplace md

Name of person giving Information John Collins How related to deceased Wom

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary No Physician How long 3 months

Immediate Bad cough for several weeks - thought it was tuberculosis How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician W. O. Payne J.P.

Address Stockton md

Accident or Suicide OK



Name
in
Full

233
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

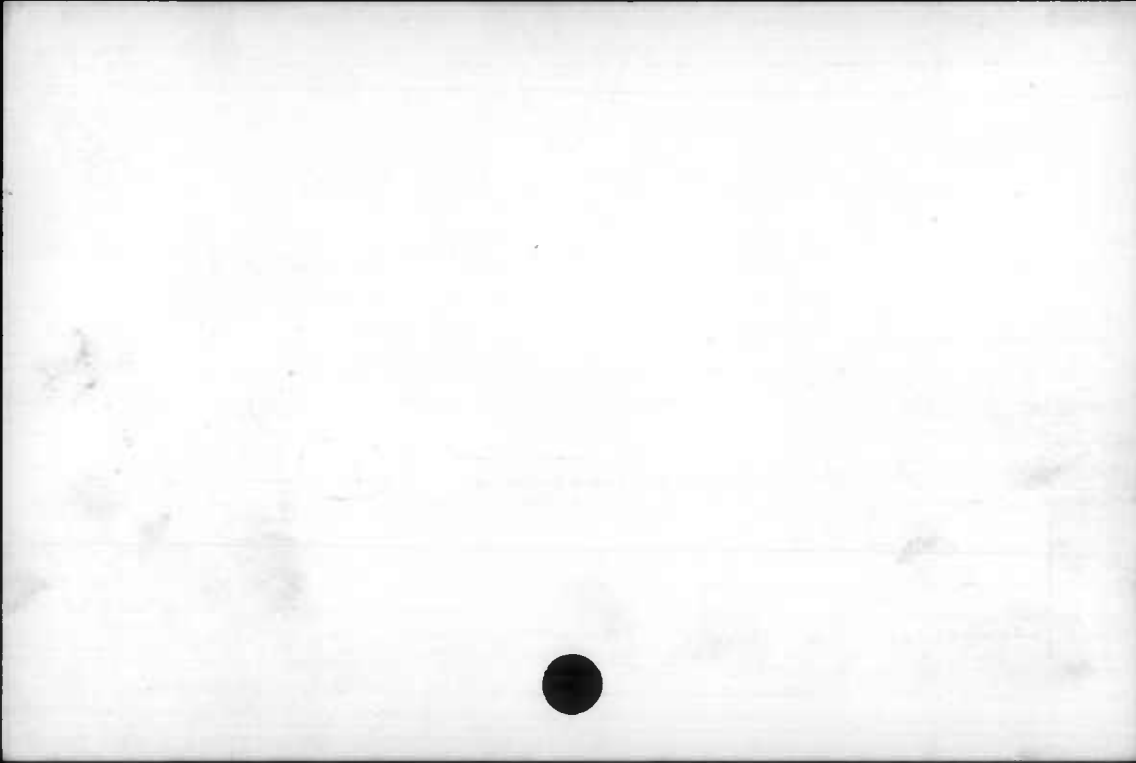
Died at <i>Brooklyn City</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>March</i>	Day <i>13th</i>	Age <i>6</i>	Months <i>7</i>	Days
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Brooklyn City</i>		
Occupation <i>Infant</i>		Where Residing if not at place of death <i>" " "</i>			
Married, Single or Widowed <i>"</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Don't know</i>		Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Nancy E. Smyth</i>		Mother's Birthplace <i>Worcester Co</i>			
Name of person giving Information <i>Isaac Harris</i>		How related to deceased <i>Grandson</i>			

CAUSES OF DEATH

(6)

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>5-days</i>
Immediate <i>Pneumonia</i>	How long <i>2</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Samuel J. Lincum</i>
	Address <i>Brooklyn City Md</i>
<input checked="" type="checkbox"/> Accident or Suicide	



Name
in
Full

Arvin J. Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berlin</i>		County <i>Wor</i>		MARYLAND	
Date of death <i>1980</i>	Month <i>Mar</i>	Day <i>17</i>	Years <i>3</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Berlin</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>John W. Hudson</i>			Father's Birthplace <i>Near Berlin</i>		
Mother's Maiden Name <i>Nealy B. Mitchell</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>John W. Hudson</i>			How related to deceased <i>Father</i>		

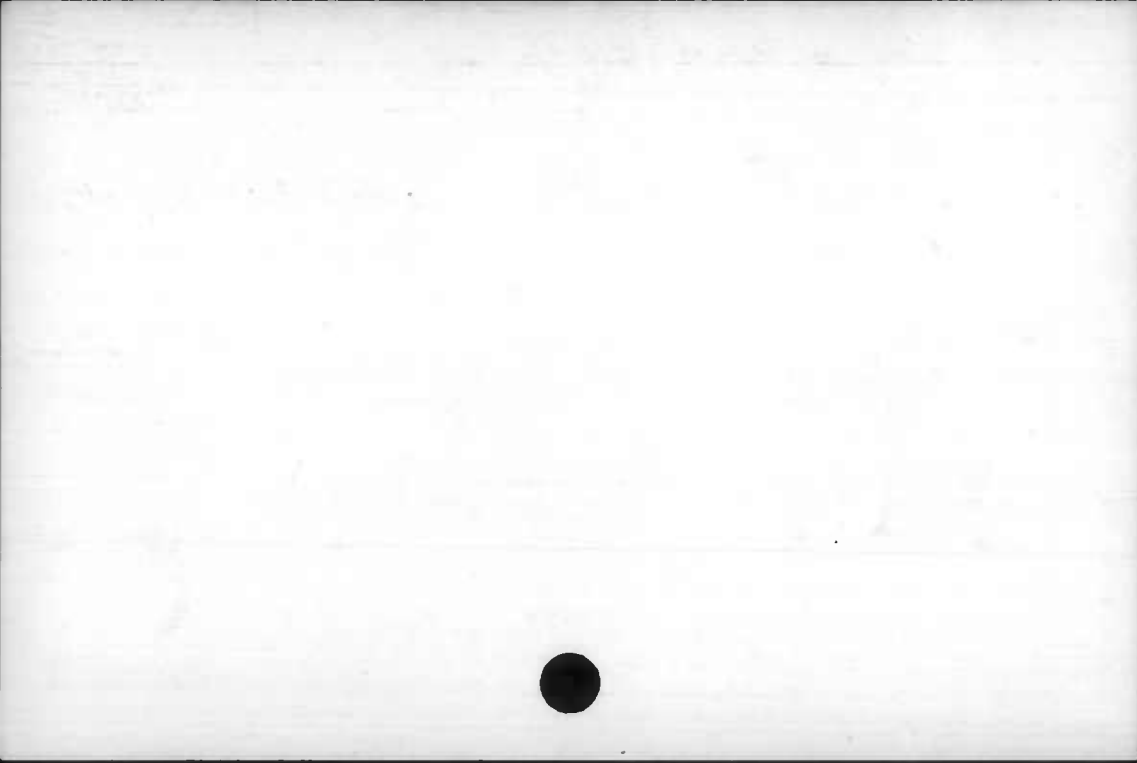
CAUSES OF DEATH

92

V

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>10 days</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. J. W. Hudson</i>
	Address <i>Berlin Md</i>
Accident or Suicide <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

James Hudson

Died at *near Snows Hill* *Worcester* County

MARYLAND

Date of death 19*40* Month *Mar* Day *23rd* Age *70* Years Months *—* Days *—*

Sex *Male* Color or Race *Blk* Birth-place *Wor. Co. Md.*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Airy Hudson*

Father's Name *Harry Hudson* Father's Birthplace *Wor. Co. Md.*

Mother's Maiden Name *Eliza Hudson* Mother's Birthplace *Wor Co. Md*

Name of person giving Information *Maria Williams* How related to deceased *neighbor*

CAUSES OF DEATH

Primary *Pneumonia* *92* How long *1 week*

Immediate *Coma* How long *6 hours*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Paul Jones* Address *Snows Hill Md*

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Samuel B Jones

CERTIFICATE OF DEATH

Town *Snow Hill* County *Worcester* MARYLAND

Died at *Snow Hill*

Date of death 19*90* Month *March* Day *11th* Age *78* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Wor. Co. Md.*

Occupation *None (Invalid)* Where Residing if not at place of death *-*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Jessy Jones* Father's Birthplace *Wor Co Md*

Mother's Maiden Name *Rachel Jones* Mother's Birthplace *" " "*

Name of person giving Information *R. B. Jones* How related to deceased *stepson*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Paralysis* How long *Several years*

Immediate *Paralysis of heart* How long *Short time*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Paul Jones* Address *Snow Hill Md*

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

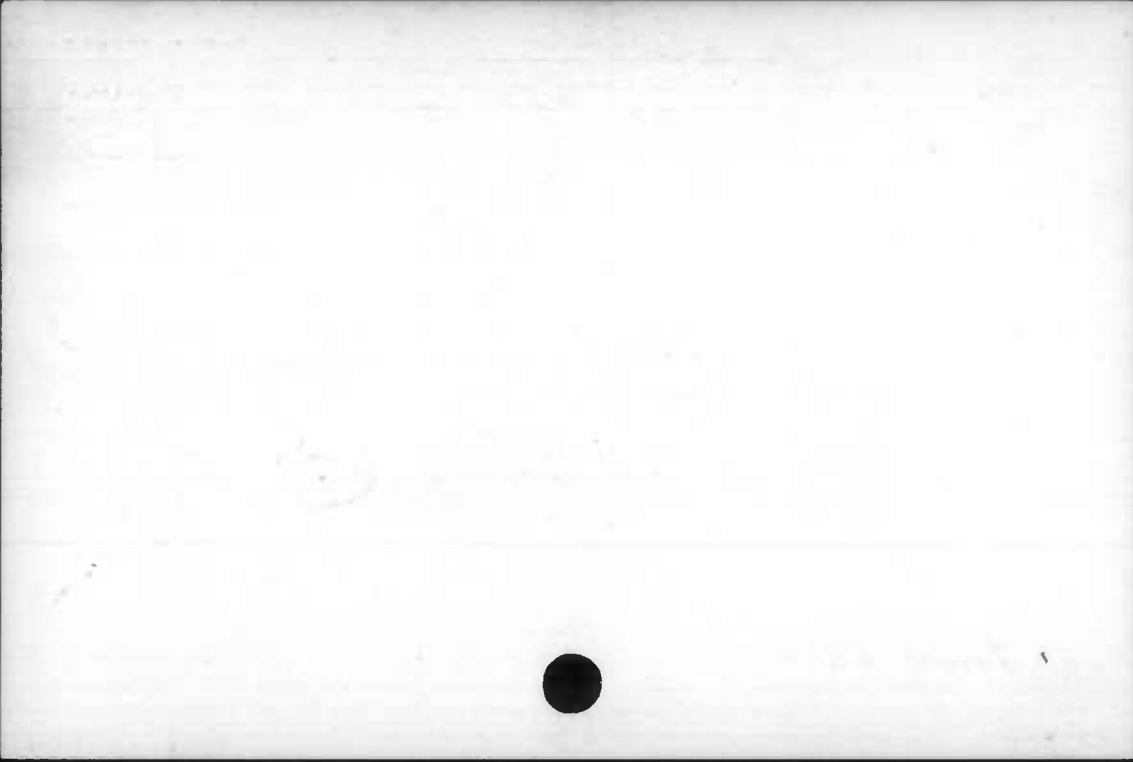
Elizabeth McKenney
 Town *Bishop* County *Worcester*
 Died at *Bishop* Maryland
 Date of death *1900* Month *Mar* Day *22* Age *81* Months Days
 Sex *Female* Color or Race *White* Birth-place *Maryland*
 Occupation *House work* Where Residing if not at place of death *At Home*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *William McKenney*
 Father's Name *Elisba Davis* Father's Birthplace *Maryland*
 Mother's Maiden Name *Mary Layton* Mother's Birthplace *Maryland*
 Name of person giving Information *Johnathan Baker* How related to deceased *half Brother*

CAUSES OF DEATH

189

PHYSICIAN
OR CORONER

Primary *Heart failure* How long *2 weeks*
 Immediate *No* How long
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. Doctor*
T. Bayne Address
 Accident or Suicide



Name
in
Full

William P. Parsons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Ocean City		County Worcester		MARYLAND			
Date of death	1910	Month March	Day 16	Age	Years 73	Months X X		Days X	
Sex	Male		Color or Race	White		Birth- place Maryland			
Occupation	Farmer			Where Residing if not at place of death Parsonsburg - Md.					
Married, Single or Widowed	Married			Name of Wife or Husband Nancy E. Parsons					
Father's Name	Elisha Parsons					Father's Birthplace Maryland			
Mother's Maiden Name	Unknown					Mother's Birthplace Maryland			
Name of person giving In formation	Colonel C. Parsons					How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR
DRUGGIST

Primary	Carcinoma of Stomach		How long	40 years	
Immediate	"		How long	a year or more	
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician J. B. Baggett M.D.		
Filed 1910			Address Ocean City, Maryland		
Accident or Suicide?					



Name
in
Full

no name Dead Burned *Pitts.*

CERTIFICATE OF DEATH

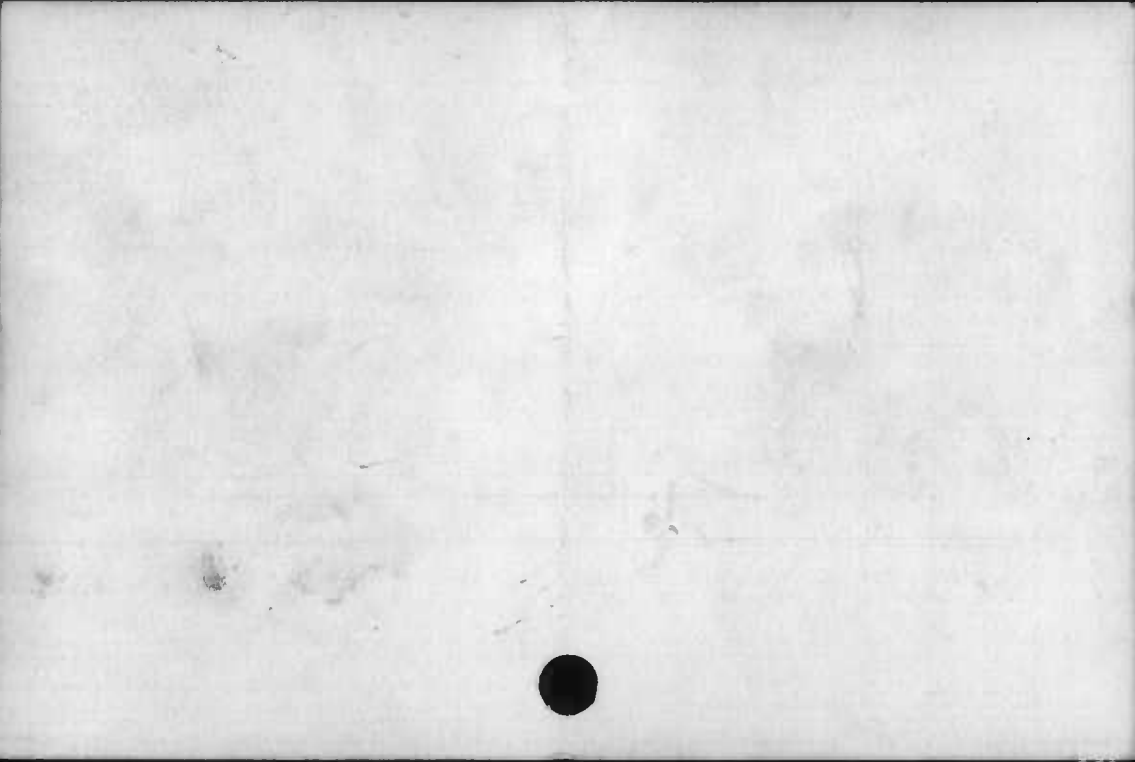
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ocean City</i>		Town		County <i>Maryland</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>3</i>	Day <i>27</i>	Age _____		Years _____	Months _____	Days _____
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>Ocean City</i>			
Occupation <i>none</i>		Where Residing if not at place of death <i>Ocean City</i>					
Married, Single or Widowed <i>no</i>		Name of Wife or Husband <i>none</i>					
Father's Name <i>Gordon Pitts col</i>		Father's Birthplace <i>Berlin</i>					
Mother's Maiden Name <i>Sarah Brittingham col</i>		Mother's Birthplace <i>Berlin</i>					
Name of person giving information <i>Gordon Pitts col</i>		How related to deceased <i>father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dead Burned</i>	How long _____
Immediate _____	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Sarah Pitts M.D.</i>
<i>Yes -</i>	Address <i>Ocean City Md</i>
Accident or Suicide? <i>none</i>	



Name
in
Full

Willow K. Rowley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

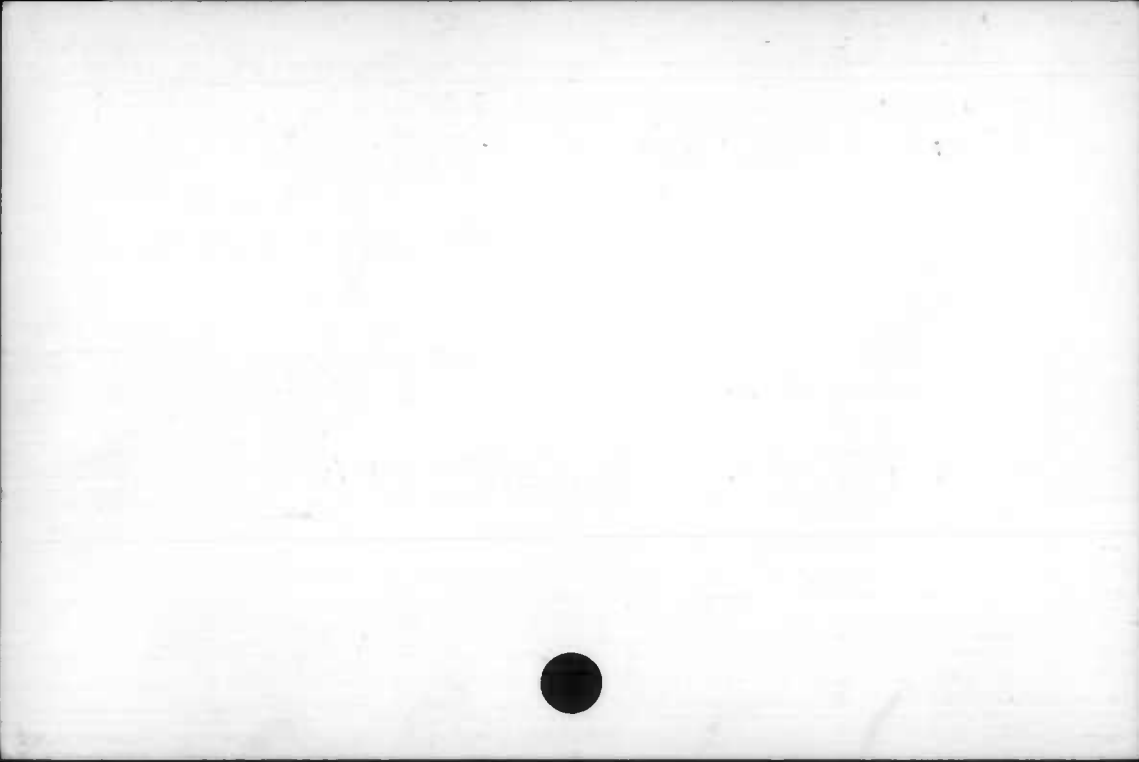
Died at ^{Town} Box Grove		^{County} Worcester		MARYLAND	
Date of death	1900	Month	3	Day	14
Age	79	Years		Months	4
Sex	Male	Color or Race	White	Birthplace	Maryland
Occupation	Farmer	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Widowed		Widowed			
Father's Name	Daniel Rowley			Father's Birthplace	Maryland
Mother's Maiden Name	Doit Know			Mother's Birthplace	Maryland
Name of person giving Information	Joseph T. Rowley			How related to deceased	Son

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	La Grippe	How long	3 weeks.
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. D. Strangher.	
		Address	
		Snow Hill. Md.	
Accident or Suicide			



Name
in
Full

Milly Spence

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

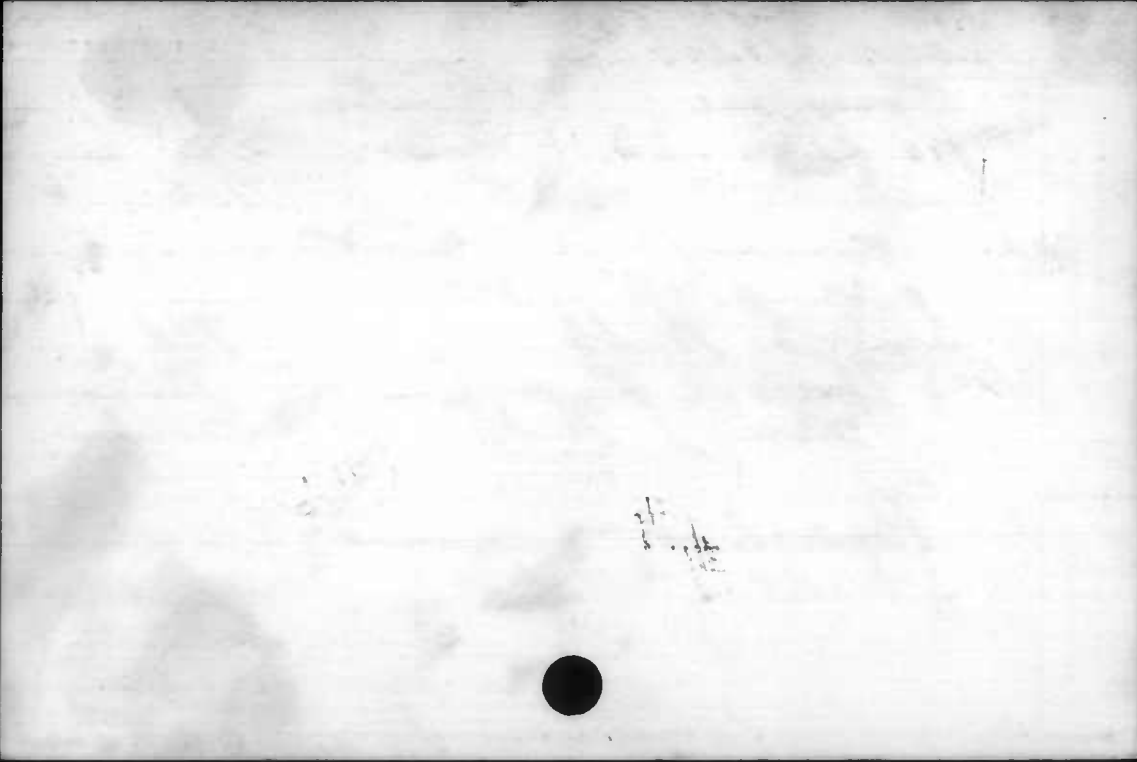
Died at <u>Stockton</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death <u>1900</u>	Month <u>March</u>	Day <u>31st</u>	Age <u>85</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Worcester County Maryland</u>		
Occupation <u>Housekeeper</u>	Where Residing if not at place of death <u>At place of death</u>				
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>William Spence</u>				
Father's Name <u>Arnold Pollitt</u>	Father's Birthplace <u>Worcester Co</u>				
Mother's Maiden Name <u>Not Known</u>	Mother's Birthplace <u>not Known</u>				
Name of person giving Information <u>Francis Spence</u>	How related to deceased <u>Son</u>				

CAUSES OF DEATH

115

PHYSICIAN
OR CORONER

Primary <u>congestion of Liver</u>	How long <u>Several months</u>
Immediate <u>Derangement of Heart</u>	How long <u>A short time</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. T. Parker</u>
<u>as far as known</u>	Address <u>Stockton, Maryland</u>
Accident or Suicide	



Name
in
Full

235-
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Gladys Webb* Town *Thompson* County *Mustin*
Died at *Thompson*
Date of death *1900* *Mar* *23* Age *3* Months *3* Days *25*
Sex *Female* Color or Race *white* Birth-place *Md*
Occupation *✓* Where Residing if not at place of death *✓*

Married, Single or Widowed *✓* Name of Wife or Husband *✓*
Father's Name *Samuel F. Webb* Father's Birthplace *Md*
Mother's Maiden Name *Mary M. Taylor* Mother's Birthplace *Md*
Name of person giving Information *Samuel F. Webb* How related to deceased *Father*

CAUSES OF DEATH

Primary *Bronchial Pneumonia* *92* *2-3 yrs*
Immediate *Sudden Collapse* *few hours*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *J. P. Wilson*
Address *Thompson*

PHYSICIAN
OR CORNER

Accident or Suicide *✓*

